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TRANSMITTAL FORM

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Total Number of Pages in This Submission

5

Application Number	10/804,786
Filing Date	19 March 2004
First Named Inventor	Dev, S.B.
Art Unit	3767
Examiner Name	Gray, Phillip A.
Attorney Docket Number	GTI-1180-CT3

ENCLOSURES (Check all that apply)

- ☐ Fee Transmittal Form
 - ☐ Fee Attached
- ☐ Amendment/Reply
 - ☐ After Final
 - ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☒ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Reply to Missing Parts/Incomplete Application
 - ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation
- ☐ Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD, Number of CD(s) _____
- ☐ Landscape Table on CD

- ☐ After Allowance Communication to TC
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Other Enclosure(s) (please identify below):
 - Transmittal (1 page)
 - Supp. IDS (2 pages)
 - SB/08 Form (1 page)
 - Check for \$180.00 (1 item)
 - Return Postcard (1 item)

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name BioTechnology Law Group

Signature

Printed name Daniel M. Chambers

Date

September 26, 2006

Reg. No.

34,561

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name

Daniel M. Chambers

Date

September 26, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: DEV, et al. Examiner: Gray, Phillip A.
Serial No.: 10/804,786 Group Art Unit: 3767
Filed: 19 March 2004 Docket: GTI-1180-CT3
Title: Electroporation-Mediated Intravascular Delivery

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam,

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Information Disclosure Statement be entered and the documents listed on the attached Form SBO8 be considered by the Examiner and made of record. Pursuant to the provisions of MPEP 609, Applicants request that a copy of the SBO8 form, initialed as being considered by the Examiner, be returned to the Applicants with the next official communication.

Pursuant to 37 C.F.R. §1.97(c)(2), Applicants have included the fee of \$180.00 as set forth in 37 C.F.R. §1.17(p). If any additional fees are due or overpayment, please contact the undersigned attorney at (858) 793-0608.

The PTO did not receive the following
listed item(s) Fee of \$180

CERTIFICATE OF MAILING PURSUANT TO 37 CFR § 1.8:

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Daniel M. Chambers
Name
[Signature]
Signature

September 26, 2005
Date

The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

Respectfully submitted,

Date September 26, 2006 By 

BioTechnology Law Group
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Solana Beach, CA 92075-1173
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Fax: (858) 350-9691
Email: dan@biotechnologylawgroup.com

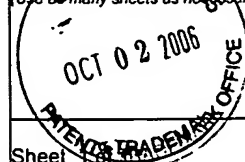
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Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)



Sheet 1 of 1

Complete if Known

Application Number	10/804,786
Filing Date	19 Mar 2004
First Named Inventor	DEV, Sukhendu B.
Group Art Unit	3767
Examiner Name	Gray, Phillip A.
Attorney Docket No: GTI-1180-CT3	

US PATENT DOCUMENTS

Examiner Initials *	Cite No. ¹	USP Document Number	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
	A1.	5,246,437	21 Sep 1993	Abela	
	A2.	6,219,577	17 Apr 2001	Peck, Jr.	
	A3.	5,505,700	09 Apr 1996	Leone et al.	

FOREIGN PATENT DOCUMENTS

Examiner Initials *	Cite No. ¹	Foreign Document No	Publication Date	Name of Patentee or Applicant of cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
	A4.	WO A 9518649	03 Jan 1995	CORTRAK MEDICAL, INC.		
	A5.					
	A6.					
	A7.					

OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS

Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional) ² Applicant is to place a check mark here if English language Translation is attached